

Fill in this information to identify the case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADACase number (if known): _____ Chapter **11**☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy**04/20**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **ARETE DENTAL, LLC**
2. All other names debtor used in the last 8 years **dba NORTH HILLS DENTAL**

Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) **4 6 - 5 0 6 3 6 3 1**
4. Debtor's address

Principal place of business 1055 H HILLS BLVD., Number Street RENO NV 89506 City State ZIP Code WASHOE County	Mailing address, if different from principal place of business Number Street P.O. Box City State ZIP Code Location of principal assets, if different from principal place of business Number Street City State ZIP Code
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
5. Debtor's website (URL) _____
6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

7. Describe debtor's business*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☐ No☒ Yes. Debtor **ALAN S. BILLS** Relationship **N/A**District **NEVADA** When **06/15/2020**

MM / DD / YYYY

Case number, if known **20-50596**

Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number Street

City

State

ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☐ \$0-\$50,000☐ \$50,001-\$100,000☒ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☒ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **06/15/2020**

MM / DD / YYYY

X /s/ ALAN S. BILLS, DDS

Signature of authorized representative of debtor

ALAN S. BILLS, DDS

Printed name

MANG. MEMBER

Title

18. Signature of attorney

X /s/ Nathan R. Zeltzer

Signature of attorney for debtor

Date **06/15/2020**

MM / DD / YYYY

Nathan R. Zeltzer

Printed name

The Law Office of Nathan R. Zeltzer, Ltd

Firm name

232 Court St.

Number Street

Reno

City

NV

State

89501

ZIP Code

(775) 786-9993

Contact phone

nrzbk@yahoo.com

Email address

5173

Bar number

NV

State

Fill in this information to identify the caseDebtor name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number
(if known) _____☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of
account number**3.1. Checking account-US BANK BUSINESS
ACCOUNT FOR ARETE DENTAL LLC**Checking account\$118,000.00**3.2. Checking account- US BANK BUSINESS
ACCOUNT FOR ARETE DENTAL LLC.**Checking account\$2,500.00**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$120,500.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

Current value of
debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$22,500.00</u>	—	<u>\$0.00</u>	= →	<u>\$22,500.00</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>\$22,500.00</u>	—	<u>\$0.00</u>	= →	<u>\$22,500.00</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$45,000.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method
used for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☒ No. Go to Part 6.☐ Yes. Fill in the information below.

Debtor **ARETE DENTAL, LLC** Case number (if known) _____
 Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$0.00**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
OFFICE EQUIPMENT AND FURNISHINGS			\$2,500.00
40. Office fixtures			
DENTAL OFFICE EQUIPMENT AND ACCESSORIES			\$250,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software			
DELL SERVER AND SOFTWARE	\$3,500.00		\$3,500.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$256,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2006 CHEVROLET EXPRESS VAN	\$1,000.00		\$1,000.00
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
DENTAL EQUIP.			\$12,000.00
51. Total of Part 8.			
Add lines 47 through 50. Copy the total to line 87.			\$13,000.00

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets**61. Internet domain names and websites****62. Licenses, franchises, and royalties****63. Customer lists, mailing lists, or other compilations****64. Other intangibles, or intellectual property****65. Goodwill****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☐ No
☐ Yes

Debtor **ARETE DENTAL, LLC** Case number (if known) _____
 Name

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$120,500.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$45,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$256,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$13,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$434,500.00</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$434,500.00</u>

Fill in this information to identify the case:Debtor name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number
(if known) _____☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name	Describe debtor's property that is subject to a lien	\$391,800.00	\$252,500.00
	COLUMBIA BANK	DENTAL EQUIPMENT		
	Creditor's mailing address PO BOX 2156	Describe the lien Agreement		
	TACOMA WA 98401	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

For OFFICE EQUIPMENT AND FURNISHINGS : 1) COLUMBIA BANK; 2) ROBERT DEVIN, DDS. For DENTAL OFFICE EQUIPMENT AND ACCESSORIES: 1) COLUMBIA BANK; 2) ROBERT DEVIN, DDS.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$626,998.00**

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2	Creditor's name DELL FINANCIAL SERVICES LLC <hr/> Creditor's mailing address PO BOX 5292 <hr/> CAROL STREAM IL 60197 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien COMPUTER SYSTEM <hr/> Describe the lien Purchase Money / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,218.00	\$3,500.00
2.3	Creditor's name MACCABEE <hr/> Creditor's mailing address 211 NORTH 1ST STREET <hr/> STE. #425 <hr/> MINNEAPOLIS MN 55401 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien COPIER <hr/> Describe the lien Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

Part 1: Additional Page
Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

 Copy this page only if more space is needed. Continue numbering the lines
 sequentially from the previous page.

2.4	Creditor's name PATTERSON EQUIPMENT FINANCE <hr/> Creditor's mailing address 355 E. STREET, STE. F <hr/> <hr/> PATTERSON CA 95363 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien DENTAL EQUIPMENT <hr/> Describe the lien Purchase Money / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,980.00	\$12,000.00
2.5	Creditor's name ROBERT DEVIN, DDS <hr/> Creditor's mailing address C/O JACK G. ANGARAN, ESQ. 5555 KIETZKE LN., STE. 200 <hr/> <hr/> RENO NV 89511 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred 4/11/2014 <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien NORTH HILLS DENTAL, INC. <hr/> Describe the lien Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$200,000.00	\$252,500.00

NOTE & UCC-1 FILING ON ARETE DENTAL, LLC.

Fill in this information to identify the case:Debtor ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number _____
(if known)☐ Check if this is an amended filingOfficial Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a)(____)

Debtor **ARETE DENTAL, LLC**

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address CHASE CARD PO BOX 15298 WILMINGTON DE 19850 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,867.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address DENTAL INSURANCE COMPANY PO BOX 742471 LOS ANGELES CA 90074 Date or dates debt was incurred 5/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Purchase Money Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,202.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address POMPARAUG LAND CO., LLC 820 FLANDERS RD. RENO NV 89511 Date or dates debt was incurred 2018 Last 4 digits of account number _____ UNEXPIRED LEASE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Contract/Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,459.67
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address UMPQUA BANK P.O. Box 1820 ROSEBURG OR 97470 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,000.00

Debtor ARETE DENTAL, LLC

Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.\$131,307.00US BANK☐ ContingentPO BOX 108☐ Unliquidated☐ Disputed

Basis for the claim:

SAINT LOUISMO 63166Credit Card

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No☐ Yes

PPP LOAN FOR ARETE DENTAL, LLC.

Debtor ARETE DENTAL, LLC Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.005b. Total claims from Part 2 5b. + \$224,835.675c. Total of Parts 1 and 2 5c. \$224,835.67
Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number _____ Chapter 11
(if known)☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	COMPUTER SYSTEM Contract to be ASSUMED	DELL FINANCIAL SERVICES LLC PO BOX 5292 _____ _____ _____ CAROL STREAM IL 60197
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	COPIER LEASE Contract to be ASSUMED	MACCABEE 211 NORTH 1ST STREET STE. #425 _____ _____ MINNEAPOLIS MN 55401
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	UNEXPIRED LEASE	POMPARAUG LAND CO., LLC 820 FLANDERS RD. _____ _____ RENO NV 89511
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case:Debtor name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number
(if known) _____☐ Check if this is an
amended filing

Official Form 206H

Schedule H: Codebtors**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor****Name****Mailing address****Name***Check all schedules
that apply:***2.1 ALAN BILLS, DDS****450 PAN ZARETA CT.****ROBERT DEVIN, DDS**

Number Street

- ☒ D
- ☐ E/F
- ☐ G

RENO**NV 89521**

City

State ZIP Code

Fill in this information to identify the case:Debtor Name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known): _____

☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$434,500.00**1c. Total of all property**Copy line 92 from Schedule A/B..... \$434,500.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$626,998.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$224,835.67**4. Total liabilities**Lines 2 + 3a + 3b..... \$851,833.67

Fill in this information to identify the case and this filing:Debtor Name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number
(if known) _____Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/15/2020
MM / DD / YYYY

X /s/ ALAN S. BILLS, DDS

Signature of individual signing on behalf of debtor

ALAN S. BILLS, DDS

Printed name

MANG. MEMBER

Position or relationship to debtor

Fill in this information to identify the case:Debtor name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number
(if known) _____☐ Check if this is an
amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ NoneIdentify the beginning and ending dates of the debtor's fiscal year,
which may be a calendar yearSources of revenue
Check all that apply.Gross revenue
(before deductions
and exclusions)From the beginning of the
fiscal year to filing date:From 01/01/2020 to
MM / DD / YYYY

Filing date

☒ Operating a business
☐ Other _____

For prior year:

From 01/01/2019 to
MM / DD / YYYY12/31/2019
MM / DD / YYYY☒ Operating a business
☐ Other _____\$1,100,000.00

For the year before that:

From 01/01/2018 to
MM / DD / YYYY12/31/2018
MM / DD / YYYY☒ Operating a business
☐ Other _____\$1,309,445.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. CHASE CARD Creditor's name PO BOX 15298 Street	5-22-2020 4-23-2020 3-23-2020	<u>\$23,094.00</u>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
WILMINGTON City	DE State	19850 ZIP Code	

Debtor **ARETE DENTAL, LLC** Case number (if known) _____
 Name

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.2.	DENTAL SPECIALTIES Creditor's name 3773 BAKER LANE Street STE 6		\$6,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
	RENO NV 89509 City State ZIP Code			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	ALAN BILLS, DDS Insider's name 450 ZARETA CT. Street	5/19-5/20	\$96,000.00	SERVICES PERFORMED
	RENO NV 89521 City State ZIP Code			

Relationship to debtor

MANAGING MEMBER

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	ROBERT DEVIN, DDS Creditor's name C/O JACK G. ANGARAN, ESQ. Street 5555 KIETZKE LN., STE. 200	MISC. DENTAL OFFICE EQUIP. & DENTAL TOOLS AND EQUIP. ACCOUNTS RECEIVABLES	6/6/20	\$110,000.00
	RENO NV 89511 City State ZIP Code			

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☒ None**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care****15.1. ARETE DENTAL, LLC**

Facility name

DENTAL PROCEDURES**1055 NORTH HILLS BLVD.**

Street

Location where patient records are maintained

(if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper**RENO**

City

NV 89506

State ZIP Code

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained**MEDICAL RECORDS & CUSTOMER PERSONAL IDENTIFICATION DOCUMENTS**

Does the debtor have a privacy policy about that information?

☐ No.☒ Yes.

Debtor ARETE DENTAL, LLC Case number (if known) _____
 Name

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☒ Yes. Fill in below:

Name of plan

Employer Identification number of the plan

UNKNOWN

EIN: _____ - _____

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
EZ STORAGE		OLD X-RAY MACHINE	<input type="checkbox"/> No
Name			<input checked="" type="checkbox"/> Yes
240 DOUBLEBACK ROAD	Address		
Street			

RENO	NV	89506	
City	State	ZIP Code	

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Dates of service	
		From	To
26a.1.	RON SIMPKINS	2014	2019
	Name		
	1155 W. 4TH ST.		
	Street		
	RENO	NV	89503
	City	State	ZIP Code

Debtor **ARETE DENTAL, LLC** Case number (if known) _____
 Name

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
ALAN BILLS	450 PAN ZARETA CT. RENO, NV 89521	MANAG. MEMBER	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---------------------------------------------------

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Debtor ARETE DENTAL, LLC Case number (if known) _____
 Name

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/15/2020
 MM / DD / YYYY

X /s/ ALAN S. BILLS, DDS Printed name ALAN S. BILLS, DDS
 Signature of individual signing on behalf of the debtor
 Position or relationship to debtor MANG. MEMBER

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
RENO DIVISION**

In re **ARETE DENTAL, LLC**

Case No. _____

Chapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$5,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$0.00</u>
Balance Due.....	<u>\$5,000.00</u>

2. The source of the compensation paid to me was:

☐ Debtor

☒ Other (specify)

**SERVICES PERFORMED PRIOR TO FILING WILL BE PAID FROM THE RETAINER
PAYMENT. SERVICES PERFORMED AFTER FILING WILL BE PAID THROUGH
THE CH. 11 PLAN AFTER COURT APPROVAL.**

3. The source of compensation to be paid to me is:

☒ Debtor

☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/15/2020

Date

/s/ Nathan R. Zeltzer

Nathan R. Zeltzer

The Law Office of Nathan R. Zeltzer, Ltd

232 Court St.

Reno, NV 89501

Phone: (775) 786-9993 / Fax: (775) 329-7220

Bar No. 5173

/s/ ALAN S. BILLS, DDS

ALAN S. BILLS, DDS

MANG. MEMBER

Fill in this information to identify the case:Debtor name ARETE DENTAL, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number
(if known) _____☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	ROBERT DEVIN, DDS C/O JACK G. ANGARAN, ESQ. 5555 KIETZKE LN., STE. 200 RENO, NV 89511			Disputed	\$200,000.00	\$0.00	\$200,000.00
2	COLUMBIA BANK PO BOX 2156 TACOMA, WA 98401				\$391,800.00	\$252,500.00	\$139,300.00
3	US BANK PO BOX 108 SAINT LOUIS, MO 63166		Credit Card				\$131,307.00
4	UMPQUA BANK P.O. Box 1820 ROSEBURG, OR 97470		Credit Card				\$35,000.00
5	POMPARAUG LAND CO., LLC 820 FLANDERS RD. RENO, NV 89511		Contract/Lease				\$31,459.67

Debtor **ARETE DENTAL, LLC**
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	CHASE CARD PO BOX 15298 WILMINGTON, DE 19850		Credit Card				\$23,867.00
7	PATTERSON EQUIPMENT FINANCE 355 E. STREET, STE. F PATTERSON, CA 95363		Purchase Money		\$22,980.00	\$12,000.00	\$10,980.00
8	DELL FINANCIAL SERVICES LLC PO BOX 5292 CAROL STREAM, IL 60197		Purchase Money		\$12,218.00	\$3,500.00	\$8,718.00
9	DENTAL INSURANCE COMPANY PO BOX 742471 LOS ANGELES, CA 90074		Purchase Money				\$3,202.00

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
RENO DIVISION**

IN RE: **ARETE DENTAL, LLC**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/15/2020

Signature /s/ ALAN S. BILLS, DDS
ALAN S. BILLS, DDS
MANG. MEMBER

Date _____

Signature _____

Debtor(s): ARETE DENTAL, LLC

Case No:
Chapter: 11DISTRICT OF NEVADA
RENO DIVISION

ALAN BILLS, DDS
450 PAN ZARETA CT.
RENO, NV 89521

US BANK
PO BOX 108
SAINT LOUIS, MO 63166

CHASE CARD
PO BOX 15298
WILMINGTON, DE 19850

COLUMBIA BANK
PO BOX 2156
TACOMA, WA 98401

DELL FINANCIAL SERVICES LLC
PO BOX 5292
CAROL STREAM, IL 60197

DENTAL INSURANCE COMPANY
PO BOX 742471
LOS ANGELES, CA 90074

MACCABEE
211 NORTH 1ST STREET
STE. #425
MINNEAPOLIS, MN 55401

PATTERSON EQUIPMENT FINANCE
355 E. STREET, STE. F
PATTERSON, CA 95363

POMPARAUG LAND CO., LLC
820 FLANDERS RD.
RENO, NV 89511

ROBERT DEVIN, DDS
C/O JACK G. ANGARAN, ESQ.
5555 KIETZKE LN., STE. 200
RENO, NV 89511

UMPQUA BANK
P.O. Box 1820
ROSEBURG, OR 97470

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
RENO DIVISION

IN RE:
ARETE DENTAL, LLC

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
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DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the MANG. MEMBER of the Corporation
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 6/15/2020

Signature: /s/ ALAN S. BILLS, DDS
ALAN S. BILLS, DDS
MANG. MEMBER

Nathan R. Zeltzer, Bar No. 5173
The Law Office of Nathan R. Zeltzer, Ltd
232 Court St.
Reno, NV 89501
(775) 786-9993
Attorney for the Petitioner

UNITED STATES BANKRUPTCY COURT FOR THE

DISTRICT OF NEVADA

RENO DIVISION

In re:

ARETE DENTAL, LLC

Case No.:

SSN: **46-5063631**

SSN: _____

Debtor(s)

Numbered Listing of Creditors

Address:

1055 H HILLS BLVD.,
RENO, NV 89506

Chapter: **11**

	Creditor name and mailing address	Category of claim	Amount of claim
1.	CHASE CARD PO BOX 15298 WILMINGTON, DE 19850	Unsecured Claim	\$23,867.00
2.	COLUMBIA BANK PO BOX 2156 TACOMA, WA 98401	Secured Claim	\$391,800.00
3.	DELL FINANCIAL SERVICES LLC PO BOX 5292 CAROL STREAM, IL 60197	Secured Claim	\$12,218.00
4.	DENTAL INSURANCE COMPANY PO BOX 742471 LOS ANGELES, CA 90074	Unsecured Claim	\$3,202.00
5.	MACCABEE 211 NORTH 1ST STREET STE. #425 MINNEAPOLIS, MN 55401	Secured Claim	
6.	PATTERSON EQUIPMENT FINANCE 355 E. STREET, STE. F PATTERSON, CA 95363	Secured Claim	\$22,980.00

in re: **ARETE DENTAL, LLC**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
7.	POMPARAUG LAND CO., LLC 820 FLANDERS RD. RENO, NV 89511	Unsecured Claim	\$31,459.67
8.	ROBERT DEVIN, DDS C/O JACK G. ANGARAN, ESQ. 5555 KIETZKE LN., STE. 200 RENO, NV 89511	Secured Claim	\$200,000.00
9.	UMPQUA BANK P.O. Box 1820 ROSEBURG, OR 97470	Unsecured Claim	\$35,000.00
10.	US BANK PO BOX 108 SAINT LOUIS, MO 63166	Unsecured Claim	\$131,307.00

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATIONI, **ARETE DENTAL, LLC**

named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*, consisting of 2 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor: **/s/ ALAN S. BILLS, DDS**Date: **6/15/2020**

ALAN S. BILLS, DDS
MANG. MEMBER

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
RENO DIVISION**

In re: **ARETE DENTAL, LLC**

CASE NO

CHAPTER 11

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income for 12 Months Prior to Filing:	\$1,100,000.00
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PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income:	\$91,666.00
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PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor):	\$35,000.00
4. Payroll Taxes:	\$3,000.00
5. Unemployment Taxes:	\$700.00
6. Worker's Compensation:	\$900.00
7. Other Taxes:	\$175.00
8. Inventory Purchases (including raw materials):	\$9,000.00
9. Purchase of Feed/Fertilizer/Seed/Spray:	\$0.00
10. Rent (other than debtor's principal residence):	\$10,000.00
11. Utilities:	\$250.00
12. Office Expenses and Supplies:	\$2,000.00
13. Repairs and Maintenance:	\$1,000.00
14. Vehicle Expenses:	\$350.00
15. Travel and Entertainment:	\$0.00
16. Equipment Rental and Leases:	\$1,000.00
17. Legal/Accounting/Other Professional Fees:	\$500.00
18. Insurance:	\$750.00
19. Employee Benefits (e.g., pension, medical, etc.):	\$5,000.00
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):	
ROBERT DEVINS	\$1,200.00
COLUMBIA BANK	\$8,300.00
21. Other (Specify):	
DENTAL LAB	\$7,500.00

22. Total Monthly Expenses (Add items 3 - 21)	\$86,625.00
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PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2):	\$5,041.00
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